

SCHOOL YEAR _____

Jesus, the Good Shepherd Parish

STUDENT REGISTRATION FORM

Please print or type all information below. Thank you.

___ Parish Program
___ Home Study Program
___ Other

FAMILY NAME: _____ **Email** _____

Last

Address: _____

Street

Town

State

Zip

Home Phone: (____) _____ Cell. _____

Family Information:

Mother's Name: _____ Phone:(____) _____ / (____) _____

Last Name / First Name

Maiden Name: _____ Religion _____ DECEASED _____

Father's Name: _____ Phone:(____) _____ / (____) _____

Last Name / First Name

Religion _____ DECEASED _____

Legal Guardian, if different than above:

Name _____ Phone:(____) _____ / (____) _____

Address _____

Street

Town

State

Zip

Children in Religious Education Program:

1. _____ Grade _____ Birth date & Place _____

Date

Church

Location

Baptism* _____

1st Reconciliation _____

1st Communion _____

2. _____ Grade _____ Birth date & Place _____

Baptism* _____

1st Reconciliation _____

1st Communion _____

3. _____ Grade _____ Birth date & Place _____

Baptism* _____

1st Reconciliation _____

1st Communion _____

***Please attach copy of Baptismal Certificate.**

***Other** ___ Baptized in another denomination ___ Profession of Faith ___ Full Initiation(*Baptized after age 7*)

Date: _____ Parish: _____

Address: _____

City: _____ State: _____ Zip: _____

***Please attach copy of Baptismal Certificate if not from this Parish.**

Parish of Registration: _____

Parish Name & Address

Promotional Release:

I also consent to the use of any videotapes and/or photographs in which my child may appear by the Diocese of Trenton and/or the Parish. I understand that these materials are being used for promotion of the parish Religious Education Programs and/or activities, which may include recruitment and fundraising efforts.

Parent/Legal Guardian Signature: _____ **Date:** _____

Health Information

Does your child have learning needs?

___ Learning disability – Classification: _____

___ Other – Please Explain: _____

If your child has any medical conditions please explain: _____

Are there any other special instructions? (i.e. dismissal, transportation, etc.): _____

Are there any custodial issues? If yes, please explain: ___YES ___NO

EMERGENCY CONTACT

Please indicate below the person/s to be contacted in the case of an emergency (when the parent/guardian/spouse cannot be reached):

A. Name _____ Phone: (____) _____

Address: _____ Town: _____

Relationship: _____

B. Name _____ Phone: (____) _____

Address: _____ Town: _____

Relationship: _____

C. Name _____ Phone: (____) _____

Address: _____ Town: _____

Relationship: _____

Are there any health conditions of which we should be aware? If so, please explain:

Parent/Legal Guardian Signature: _____ **Date:** _____